

Form 501 XDepartment of Revenue
Income Tax Division (Rev. 11/03)
Tax Year _____

0400904011

☐ Department
Use Only☐ Change of
Address**Amended Georgia Fiduciary Income Tax Return**

Please answer all questions, fill in all applicable items, and explain changes on page 2.

A. Federal Employer Id. No.	Name of Estate or Trust	
B. Date of Creation of Trust or Decedent's Death	Name and Title of Fiduciary	Telephone No.
	Address of Fiduciary (Number and Street)	City, State, and Zip Code
C. Name and address on last year's return if different from above. If no return was filed last year, state reason.		

WAS A FEDERAL AMENDED RETURN FILED? [] YES [] NO - IF YES, PLEASE ATTACH COPY.

Calendar Year 20_____ or Fiscal Year Ending _____	A As originally reported or as adjusted	B Net Change Increase or Decrease	C Correct Amount
1. Income of fiduciary (Gross income less itemized deductions from attached Form 1041)			
2. Adjustments: (List all items in Schedule 1, Page 2)			
3. Total (Line 1 plus or minus Line 2)			
4. Beneficiaries' shares of income (Total of Schedule 2)			
5. Balance (Line 3 less Line 4)			
6. Exemptions: (See instructions for amounts based on tax year)			
7. Net taxable income of fiduciary (Line 5 less Line 6)			
8. Total Tax			

PAYMENTS AND CREDITS

9. Other Credits			
10. Estimated Tax Payments: Georgia Form 501			
11. Amount paid with original return, plus additional payments made after it was filed			
12. Total of Lines 9 through 11, Column C			

REFUND OR BALANCE DUE

13. Overpayment, if any, shown on original return: Georgia Form 501	
14. Subtract Line 13 from Line 12 and enter result	
15. If Line 8, Column C is more than Line 14, enter Balance Due	
16. Add interest (at 12%)	
17. Total of Lines 15 and 16. Pay in full with this Return	
18. If Line 8, Column C is less than Line 14, enter refund to be received	

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief this amended return is true, correct, and complete.

Sign Here _____
Signature of Fiduciary Date_____
Signature and identification number of preparer other than taxpayer, based on all information of which s/he has any knowledge.

MAIL COMPLETED RETURN TO: GEORGIA INCOME TAX DIVISION 1200 TRADEPORT BLVD. ROOM 1056 ATLANTA, GA 30354

GEORGIA PUBLIC REVENUE CODE SECTION 48-2-31 STIPULATES THAT TAXES SHALL BE PAID IN LAWFUL MONEY OF THE UNITED STATES, FREE OF ANY EXPENSE TO THE STATE OF GEORGIA.

Form 501X

SCHEDULE 1 - ADJUSTMENTS TO INCOME

ADDITIONS:

Municipal bond interest - other States

Income tax deduction other than Georgia

Expense allocable to exempt income

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TOTAL ADDITIONS

SUBTRACTIONS:

Interest - U.S. Government Bonds

Income Tax Refund other than Georgia

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TOTAL SUBTRACTIONS

NET ADJUSTMENT: Total additions less total subtractions

Enter also on Line 2, Page 1

SCHEDULE 2 - BENEFICIARIES' SHARES OF INCOME

(Enter name, address, and I.D. number of each beneficiary. If more than three beneficiaries attach a schedule.)

A

B

C

TOTAL (Enter also on Line 4, Page 1)

SCHEDULE 3 - EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS.

Show computations in detail. Attach applicable schedules.

INSTRUCTIONS

Exemption amounts are based on the tax year

1997 and prior years: Trusts \$750, Estates \$1,500.

1998 to present: Trusts \$1,350, Estates \$2,700.

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.